



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

490843

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10 (Ten)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on *Statement of Organization*) ☐ Check if this is a new name

Committee to Re-Elect Mark Tony Duncan

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 257-7640

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

525 East 54th Street

5. City, State, ZIP Code

Indianapolis, Indiana 46220

6. Party Affiliation (if applicable)

Democrat

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

Mark Anthony "Tony" Duncan

8. Party Affiliation or If Independent Candidate

Democrat

9. Office Sought (Include district number, if any. **Not required for exploratory committee.**)

Center Township Constable, Marion County, Indiana

10. County of Residence: MARION

TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other _____
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: January 1, 2015

Through: December 31, 2015

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

-0-

14. Cash on hand and investments January 1, current year.

-0-

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

None

None

15b. Unitemized

None

None

15c. Add lines 15a and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

None

None

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

-0-

-0-

17b. Unitemized

-0-

-0-

17c. Add lines 17a and 17b in both columns

SUBTOTAL

-0-

-0-

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

None

None

19. Debts OWED BY the committee (use Schedule D)

18,337.08

20. Debts OWED TO the committee (use Schedule E)

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Signature of Candidate (if applicable)

Title

Treasurer

Date

1/19/16

Date

FOR OFFICE USE ONLY

Myla A. Eldredge

JAN 19 2016

FILED

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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**(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE**

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD			
		NATURE OF DEBT						
Mark A. Duncan 2605 Broadway Indianapolis IN LENDER'S OCCUPATION: Constable		18,337.08	Before 12.31.13	NONE	18,337.08			
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:								
LENDER'S OCCUPATION:								
SUBTOTAL THIS PAGE OF SCHEDULE D					\$18,337.08			
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$18,337.08			